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## Letters to the Editor

## Paraphilias and sexual offences in the Bible

Dear Sir,

Aggrawal has written an excellent account of paraphilias and sexual crimes in the Bible.<sup>1</sup> However, there are two more incidents he might have included.

(1) *Gang rape*. Two angels come to S'dom to warn Lot that his city is to be destroyed.<sup>2</sup> He meets them and offers them hospitality. The men of the city hear of this, and surround the house to demand that they be brought out "so that we may know them". Driven by the Hebrew laws of hospitality, Lot goes out and offers his two virgin daughters in exchange. Before the men can break in, the angels pull Lot indoors, and strike blind the potential rapists. This is the ultimate wickedness, which causes S'dom to be destroyed, while Lot and his family are saved.

(2) *Incest (and entrapment)*. Judah, son of Jacob, has three sons, Er, Onan, and Shelah.<sup>3</sup> Er takes Tamar as a wife, but dies without an heir. Onan is required to enter into a Levirate marriage, to ensure Tamar's survival in an age without Social Security. However, he refuses, and dies. Shelah is young, and Judah asks Tamar to wait, lest his third son die. He forgets his promise, and, years later, Tamar sets herself up as a prostitute to entrap Judah on his way from the celebrations at the time of the sheep-sheering. Judah makes

his daughter-in-law pregnant. When this becomes known, he orders that she be burnt for harlotry. Tamar reminds him that he is the father of her twins, and that he has forgotten his promise to give her to Shelah, his third son, so that Judah declares that "She is more righteous than I".

Curiously, Tamar is a very popular name for Jewish children today, despite such infamous origins.

## Conflict of Interest

I have no conflicts of interest, other than interests in Clinical Forensic Medicine and the Bible.

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<sup>1</sup> Aggrawal A. References to the paraphilias and sexual crimes in the Bible. *J Forensic Legal Med*;16(3):109–14.

<sup>2</sup> Genesis XIX, 1–11.

<sup>3</sup> Genesis XXXVIII, 1–26.

## How much do Hong Kong emergency physicians know about common legal situations?

Dear Editor,

The emergency department is often the first place where victims of accidents and violence and patients with medical emergencies seek help in our healthcare system: the spectrum ranges from life-threatening conditions to minor injuries, from the newborn to the elderly.

Wong et al. found that all emergency physicians have some experience in writing medical reports with medico-legal significance.<sup>1</sup> Nearly all fellows of the Hong Kong College of Emergency Medicine (HKCEM) and three quarters of non-fellow emergency physicians (usually trainee doctors) had given evidence in courts of law, at the request of the police, defence counsel or prosecutors. Respondents were less comfortable in areas like homicide, child abuse and sexual assault. However, most respondents relied on 'on-the-job' coaching by senior medical staff to handle these prob-

lems. It is therefore important for them to be aware and understand the relevant statutes and common medico-legal principles and practice, particularly in the current increasingly litigious climate.

We conducted an electronic survey among HKCEM fellows and trainees in December 2008 to identify emergency physicians' level of legal knowledge in relation to common legal situations in the emergency department and to determine if experience and training improves knowledge. The questionnaire consisted of 15 statements covering different topics including Bolam principles, International Health Regulation (as promulgated by local statute), consent, mental health management and employment issues. As Hong Kong practices common law despite being a part of People's Republic of China after 1997, the principles which operate in the common law world still apply in Hong Kong.

Questionnaires were completed by 63/434 doctors (15%): 36 fellows and 27 trainees. Most doctors (60/63) work in the public sector. A quarter of trainees and surprisingly most (87%) fellows were not aware of the Bolam test for a doctor's professional

competence, which states that where the defendant has represented himself as having more than average skills and abilities, this test expects standards which must be in accordance with a responsible body of opinion, even if others differ in opinion. Similarly less than half of the doctors in each group recognized the statutory requirement to report scheduled infectious conditions and the compellability of a witness in court. In the area of confidentiality only 43% of trainees correctly identified the high threshold of confidentiality that imposed on doctors when they meet a rape victim.

In terms of employment issues, as emergency departments are potentially dangerous for infection and violence, most fellows (71%) correctly identified the concept of vicarious liability, the confidentiality of doctors suffering from HIV infection and the legal right for the employer to change the nature of work of infected doctors. Trainees were generally weak on employment issues related to HIV status. Surprisingly only approximately half of the doctors for both groups (fellow 55%; trainee 48%) correctly identified their statutory right to apply for involuntary admission of any psychiatric patient to a gazetted mental hospital under the Mental Health Ordinance.

Nevertheless, most of the respondents could correctly recognize and respect the competence of stable psychiatric patients on the treatment and admission decision. It is out of our expectation that more than 70% of trainees and about half of the fellows do not think that a doctor should practice for the patient's benefit when patients are incompetent to consent to treatment, rather than seeking relatives' opinion as the final decision. They also understand the implication of *Chester v Afsgar* (2004) in the United Kingdom.

Fellows generally scored higher than trainees. They had received training more frequently than trainees, which, when combined with their experience, may explain these significant differences.

Although emergency physicians in Hong Kong frequently encounter medico-legal issues, their knowledge of basic legal principles and practice is still insufficient, particularly for trainees. The statements in the questionnaire described common emergency department scenarios and the feedback from respondents were sometimes worrying. The existing training on medico-legal issues in the emergency medicine programme could be further improved in the future. Emergency physicians with better medico-legal knowledge are more likely to be able to protect themselves from

litigation. Furthermore, medical law principles very often develop from medical ethics, which eventually enhances the standards of clinical practice among doctors.

### Conflict of Interest

None declared.

### Reference

1. Wong TW, Beh P, Lau CC, Tung WK. A survey on the involvement of accident and emergency doctors in medicolegal work in Hong Kong. *J Clin Forensic Med* 2004;11:75–7.

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